

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/01/2016
NAME OF PROVIDER OR SUPPLIER MIDLAND CARE RESIDENTIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SW FRAZIER CIRCLE TOPEKA, KS 66606		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey at the above named residential health care facility on 8/31/16 and 9/1/16.	S 000		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: 3200 KAR 26-41-205(d) The facility reported a census of 15 residents. The sample included 3 residents. Based on record review and interview for 2 residents (#831 and #901), the operator failed to ensure all medications and treatments were administered in	S3200		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3200	<p>Continued From page 1</p> <p>accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #831 recorded admission date of 5/25/15 with diagnoses of kidney disease, Hypertension, diabetes mellitus type II, thyroid dysfunction, glaucoma surgery and cholecystectomy. <p>Functional Capacity Screen (FCS) dated 7/25/16 recorded resident required assistance with medications and treatments.</p> <p>Negotiated Service Agreement (NSA) dated 7/21/16 recorded resident to receive staff assistance with medication administration.</p> <p>Health Care Service Plan (HCSP) dated 7/25/16 recorded : Resident ' s medications are crushed and given in applesauce or pudding due to resident has a hard time swallowing pills. Medications given per doctor orders by staff.</p> <p>August 2016 routine medications record recorded staff administered the following medication every day at 8:00 am: Levothyroxine100 mcg (micrograms) tablet,(a medication for thyroid dysfunction), take one tablet by mouth once daily for thyroid.</p> <p>Interview on 8/31/16 at 10:25am with facility operator, reported meal times are at 8am, noon and 5pm daily.</p>	S3200		

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S3200	<p>Continued From page 2</p> <p>Interview on 9/1/16 at 1245pm with licensed staff #A confirmed levothyroxine is administered at breakfast.</p> <p>Review of medication administration requirements on MayoClinic.org for levothyroxine administration, recorded the following: " Take it with a full glass of water at least 30minutes to 1 hour before eating breakfast "</p> <p>The facility failed to give Levothyroxine 30 minutes to 1 hour prior to eating medication according to standards of practice and manufacturer ' s recommendations.</p> <p>Record review for resident #901 recorded admission date of 11/1/11 with diagnoses including: vascular dementia, osteoarthritis, dermatomyositis, hyperlipidemia, Alzheimer ' s, macular degeneration and hypertension.</p> <p>FCS dated 2/8/16 recorded resident required assistance with management of medications and treatments.</p> <p>NSA dated 11/3/15 recorded resident to receive staff assistance with medication administration</p> <p>HCSP dated 11/9/15 recorded resident to receive medication management dispensed per staff at center.</p> <p>August 2016 routine medications record recorded the following medications/ treatments as administered by staff every day in August: clobetasol topical (a steroid cream) 0.05% cream, apply to the affected area twice daily as directed for skin rash and Fast freeze (a topical pain cream) apply to back BID, (twice daily).</p>	S3200		

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S3200	<p>Continued From page 3</p> <p>Review of signed physician orders (medication profile) for 7/29/2016 lacked record of either medication order.</p> <p>Interview on 9/1/16 at 2:00pm with licensed staff #A confirmed most recent physician ' s orders lacked orders for clobetasol and fast freeze administration.</p> <p>For residents #831 and #901 who required medication administration assistance, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order , professional standards of practice and manufacturer ' s recommendations.</p>	S3200		